

12/01/00

12-04-00

12/01/00

Express Mail Mailing Label No. EL692235071US

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	SRI-009B (7565/13)
First Named Inventor	Ogier
Title	A System and Method for Disseminating Topology and Link-State Information to Routing Nodes in a Mobile Ad Hoc Network

APPLICATION ELEMENTS

ADDRESS TO: **Box Patent Application**
Assistant Commissioner for Patents
Washington, D.C. 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form
2. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 118] - Written Description - (86 pages) - Claims - (3 pages) - Abstract - (1 page) - Appendix A - (8 pages) - Sheets of Drawings - (20 sheets) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal
3. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 4 below]</i>
4. <input type="checkbox"/> Incorporation by Reference (usable if Box 3b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies

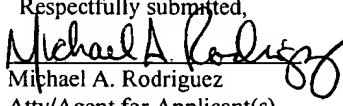
ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	8. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	10. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets] <input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages]
11. <input checked="" type="checkbox"/> Return Receipt Postcard	
12. <input checked="" type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> Statements filed in prior application, (Status still proper and desired)	
13. <input type="checkbox"/> Certified Copy of Priority Document(s)	
14. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application.	
15. <input checked="" type="checkbox"/> Patent Application Data Entry Form	
16. <input type="checkbox"/> Other:	

17. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application Serial No. ____/____. Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: _____. Group/Art Unit: _____.	
18. <input checked="" type="checkbox"/> Priority - 35 U.S.C. 119 <input checked="" type="checkbox"/> Priority of application Serial No. <u>60/232,047</u> filed on <u>September 12, 2000</u> and Serial No. <u>(not yet available)</u> filed on <u>November 14, 2000</u> in U.S. is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. ____/____ on _____. <input type="checkbox"/> The certified copy will follow.	

CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
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Tel. No.: (617) 248-7000
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Respectfully submitted,

Date: December 1, 2000
Reg. No. 41,274
Tel. No.: (617) 248-7501
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Michael A. Rodriguez
Atty/Agent for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

FEE TRANSMITTAL **FY 2001**

Complete if known

Application Serial Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Ogier
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	SRI-009B (7565/13)

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
180	180	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (Specify) _____
 Other fee (Specify) _____

SUBTOTAL (3) (\$)

SUBTOTAL (1) 355

SUBTOTAL (2)

SUBTOTAL (3)

TOTAL (\$) 355.00

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	710
320	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	14	- 20 =	x \$ 18.00 =	

Independent Claims	2	- 3 =	x \$ 80.00 =	
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☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL: 710
SMALL ENTITY DISCOUNT: 355
SUBTOTAL (1) (\$) 355

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	

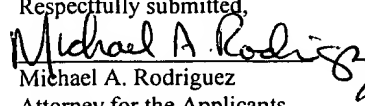
TOTAL: (\$)
SMALL ENTITY DISCOUNT: (\$)
SUBTOTAL (2) (\$)

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